

Page (

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Friends of Merisa Bowers					
Full Name of Contributor Registration Numb					er, if PAC
Adam Garlock					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
5038 St. Andrews Dr.					PayPal
City	State	Zip Code	Date (MM/DD/YYYY) Amou		Amount
Westerville	OH	43082		07/11/2019 100.00	
Full Name of Contributor			 	Registration Numb	er, if PAC
Robert Farrah					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
10106 Portland Rd.	check				
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Silver Spring	MD	20901	07/15/2019		50.00
Full Name of Contributor	Registration Numb				er, if PAC
Charles Cooper					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
790 Oxford Street					PayPal
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Worthington	PA	43085	07/19/2019 50.00		
Full Name of Contributor		<u> </u>	er, if PAC		
Marquise Lovejoy					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
2650 Steiner House	cash				
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Columbus	ОН	43219	<u> </u> ;	07/19/2019	100.00
Full Name of Contributor	<u> </u>		er, if PAC		
Kristin Bryant					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
387 Cheyenne way	check				
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Reynoldsburg	ОН	43068		07/23/2019	150.00

*Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page	Total	450.00	
_			